



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE


Isiah Leggett
County Executive

Richard R. Bowers
Fire Chief

MEMORANDUM

May 19, 2010

TO: Nancy Floreen, Council President

FROM: Richard Bowers, Fire Chief 
Montgomery Fire & Rescue Service

SUBJECT: Purported "Studies" on EMS Fee Impact

The EMS Transport fee will save lives. It will help promote faster and better EMS response times, with more responders to serve our citizens. Without the stable revenues from billing insurers for ambulance transports, the quality and speed of EMS response could be affected in the future. The EMST fee won't cost County residents a dime, will recover some of the insurance revenues their premiums already pay for, and will reduce future tax burdens necessary to support County Fire & Rescue. Without the revenues from the EMS transport fee, services could be reduced, fewer ambulances could be available to serve the public, and fewer qualified paramedics might be available to serve the public – or taxes will need to be raised.

This week some Montgomery County volunteers forwarded to the Council an 11th hour "report" that purports to show evidence that an Emergency Medical Services (EMS) Transport Fee would discourage County residents from calling 911 if they needed an ambulance and that this would endanger lives.

In fact, the report shows nothing of the kind. Let's take up the elements one-by-one.

ASSERTION: A paper released on May 6, 2010 by the Heart Foundation of Australia – whose emergency medical system is similar to that in the U.S. – reported that almost 7% of participants would be "very" or "somewhat" likely to delay calling an ambulance due to the costs involved.

FACT: The Australian Heart Foundation paper is a discussion paper, specifically stating that its purpose in distribution was limited, "strictly not for citation, circulation, or publication."

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The author specifically states it is not for citation, which means the theories and data offered in the paper are untested, unproven and *not* peer reviewed.

The Australian Heart Foundation paper is, by its own admission, an advocacy piece seeking to extend Australia's socialized medicine to include universal insurance coverage of their ambulance services.

Even taken at face value, the article does not correlate an ambulance fee with *any* increase in morbidity and mortality.

ASSERTION: A February 2008 survey of Montgomery County, MD residents found that 74% of respondents believe that it is "very" or "somewhat" convincing that ambulance fees would cause poor and elderly patients needing transport to a hospital to hesitate or delay calling 911.

FACT: The two-year-old survey cited above was underwritten by a partisan opponent of the fee, Bethesda Chevy Chase Rescue Squad.

The vast majority of Fire and Rescue Systems in the country bill for EMS. If EMS billing was a contributing factor to an increase in illness, injuries, or death, the fee for service practice would long ago have been curtailed in other jurisdictions. There is no published evidence that EMS fees increase morbidity or mortality.

*ASSERTION: Three studies in peer-review medical journals found that cost considerations **may play a factor** in delaying activation of the emergency medical system in cardiac emergencies:*

Economic considerations may affect EMS system utilization among underinsured and low-income patients experiencing a cardiac event," cited in Association between prepayment systems and emergency medical services use among patients with acute chest discomfort syndrome (for the Rapid Early Action for Coronary Treatment (REACT) Study), Ann Emerg Med. 2000 June; 35(6):573-8.

*The results of this study indicate that indecision, self-treatment, physician contact, and **financial concerns** may undermine a chest pain patient's intention to use EMS," cited in Demographic, Belief, and Situational*

Factors Influencing the Decision to Utilize Emergency Medical Services Among Chest Pain Patients, Circulation (Journal of the American Heart Association), 2000:102; 173-178 (emphasis added).

Lack of health insurance and financial concerns about accessing care among those with health insurance were each associated with delays in seeking emergency care for AMI [heart attack]." Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction, JAMA, 2010; 303(14):1392-1400.

FACT: The above-captioned studies looked at delays in hospital care – focusing on whether those involved were the insured vs. the uninsured and, at most, conclude that a prepaid system for hospital emergency care would encourage use.

That, effectively, would be the system in Montgomery County with the adoption of an EMS transport fee. For County residents, whether insured or uninsured, the fees are covered by their taxes. In essence, County residents have “prepaid” the cost of co-pays, deductibles and uninsured portions of the fee. Two of the studies cited by MCVFRA determined that lower income citizens are *more* likely to use EMS in those prepaid situations. It should be noted that the studies found *no* decrease in EMS utilization by the elderly. The studies also reached no conclusions about any difference in increased mortality due to differences in 911 usage between jurisdictions that have EMS transport fees versus those that don’t.

ASSERTION: “Furthermore, an analysis of data from the Fairfax County Fire and Rescue Department shows that EMS calls decreased (when adjusted for population) in the year an ambulance fee was introduced and remain below the pre-fee level.”

FACT: In fact, the Fairfax County Fire and Rescue Department data shows no significant drop-off in 911 calls until 2008. The EMS transport fee was implemented in 2005. If potential 911 callers were going to stop calling 911 because of a fee, it is reasonable to presume they would have done so closer to the time of fee implementation in 2005/2006, not during the year 2008.

This strongly suggests that the decrease in 911 calls was due to factors other than an EMS fee. One factor is that the Fairfax County Fire and Rescue Department conducted an extensive public education campaign on EMS fees as well implementing a public awareness program as to the *proper* use of 911.

And in testimony presented by Fairfax County Batallion Chief Louder, she indicated at the public hearing that the drop in MES calls during the period of time in question that was brought up was directly related to an IT glitch with their ePCR, CAD and EMS reporting system. This resulted in lost data and the IT issue was resolved after the fact.

In fact, in their letter to the Gazette newspaper of March 31, 2010, the authors of the study themselves admit that the dropoff in 2008 EMS calls in Fairfax is not necessarily evidence that people in need are not calling 911.

Also, you will note, the authors do not mention any dropoff of EMS call volume in any other of the nearly 70 jurisdictions in Maryland and Virginia with EMS transport fees.

Incidentally, Fairfax County has collected \$37 million over the past three years to improve service and save lives – with no adverse impact on public safety.

ASSERTION: In the face of these numerous sources of direct and indirect data, all which support the common sense notion that if you charge hundreds of dollars for ambulance services people are less inclined to call 911 for transport to a hospital for exigent and sometimes life-saving care, fee supporters have yet to offer a single study or shred of empirical evidence to support their position. Not one. In fact, the four neighboring jurisdictions cited most often by fee supporters – Fairfax, Prince George's, and Frederick counties and Washington, DC – have not published or released any data demonstrating what impact their fees have on the willingness of citizens to call 911.

FACT: After an exhaustive literature search, we have found no studies predicated on the conclusion the Association representatives are attempting to promote: that the implementation

of an EMS fee reduces 911 call volumes; or that the implementation of an EMS fee “hurts” people.

Montgomery County Fire and Rescue Service (MCFRS), in fact, reached out to neighboring jurisdictions to solicit any and all information and/or evidence regarding an unwillingness of residents to call 911 and/or harm done by EMS fees. The response from these jurisdictions has been clear – they have no evidence of any adverse impact.

ASSERTION: Marcine D. Goodloe, president of the association said “these facts show beyond a doubt that an ambulance fee is bad policy and risks lives. Our County Council must reject this new fee on a moral basis. People will hesitate to call 911 and that is not acceptable.”

FACT: Again, *none* of the studies discussed by the Association has ever correlated the assessment of an ambulance fee with *any* increase in morbidity and mortality.

The revenues from the EMS fee will continue to enhance and support the following service improvements for Fire & Rescue:

1. 4 person ALS Staffing
2. Apparatus Management Plan/Apparatus replacement
3. Fire Rescue and EMS supplies (e.g., Personal Protective Equipment)
4. Training
5. Facilities repair and maintenance

The fact is that not having the millions of dollars that the fee produces would mean less staffing, less equipment, and longer response times. That means lives may be lost. That’s a real-life impact – not a vague hypothetical.

Just recently, Anne Arundel County volunteers and Prince William County volunteers lent their support to their jurisdictions’ plans to implement fees. The majority of the Maryland State Firemen’s Association member companies – the state’s volunteer organization -- bill for EMS and have done so for some time.

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At a time when the County is reducing budgets for Fire and Rescue services and all other departments to balance County spending with the effects of the economic downturn on revenues, the County cannot afford to leave \$13 million a year – and nearly \$170 million over ten years – on the table. The alternatives are to either further increase taxes or further reduce services – neither of which are desirable options.

Nearly all our surrounding jurisdictions are charging these fees and saving lives – with no adverse impacts. Montgomery County should too.